Fill	in this information to identify your case:		
Deb	Duncan Lynn DeMull First Name Middle Name Last Name		
	otor 2 Arleen Teresa DeMull		
` `	use if, filing) First Name Middle Name Last Name ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA		
l	se number 8:18-bk-02887 own)	_	k if this is an ided filing
	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information is complete and accurate as possible. If two married people are filing together, both are equally responsible for	or supplyi	12/15
info	rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
	t1: Summarize Your Assets		
		Your a	issets
		Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	72,697.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,702.27
	1c. Copy line 63, Total of all property on Schedule A/B	\$	77,399.27
Par	t 2: Summarize Your Liabilities		
		Your I	iabilities
		Amour	nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	138,451.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	2,355.00
	Your total liabilities	\$	140,806.00
Par	Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,478.00
4.5.		\$ \$	2,478.00 1,817.38
	Copy your combined monthly income from line 12 of Schedule I		·
5.	Copy your combined monthly income from line 12 of Schedule I	\$	1,817.38
5. Par	Copy your combined monthly income from line 12 of Schedule I	\$	1,817.38
5. Par 6.	Copy your combined monthly income from line 12 of Schedule I	\$	1,817.38 hedules.

Official Form 106Sum

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	Duncan Lynn DeMull		
Debtor 2	Arleen Teresa DeMull	Case number (if known)	8:18-bk-02887

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$	658.00
-	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	n
From Fart 4 on Schedule E/F, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 8	:18-DK-0288	7-CPIV	1 Doc 15	Filed 04/2	25/18	Pag	e 3 of 21		
Fill in this info	ormation to id	entify	your case and th	is filing:							
Debtor 1		ı Lynı	n DeMull								
Debtor 2	First Name	Toros	Middle a DeMull	Name	Last	Name					
(Spouse, if filing)	First Name		Middle	Name	Last	Name					
United States B	Bankruptcy Co	urt for	the: MIDDLE DI	STRICT (OF FLORIDA						
Case number	8:18-bk-02	887									Check if this is an amended filing
hink it fits best.	, separately list Be as complet ore space is ne	Pr	•	e. If two ma	arried people are	filing together, bo	th are equ	ually resp	onsible for su	ıpplyi	ng correct
Part 1: Describ	oe Each Reside	nce, Bu	ilding, Land, or Oth	ner Real Es	state You Own or	Have an Interest I	n				
1.1 5005 12 1	Yes. Where is the property? 5005 12th Avenue South Street address, if available, or other description		■ ⁵	the property? Che Single-family home Duplex or multi-unit	building	tl	ne amount	of any secure	d clai	or exemptions. Put ms on Schedule D: ecured by Property.	
Saint Pe	etersburg	FL State	33707-0000 ZIP Code		Condominium or co Manufactured or mo Land Investment property	bbile home		ntire prop	lue of the perty? 72,697.00		rrent value of the rtion you own? \$72,697.00
				☐ (Fimeshare Other San interest in the Debtor 1 only	e property? Check	one (such as fe	ee simple, ten e), if known.		wnership interest by the entireties, or
Pinellas					Debtor 2 only		_				
County					Debtor 1 and Debto At least one of the o	-	_r [t if this is com structions)	ımun	ity property
					nformation you wi y identification nu		his item, s	such as lo	cal		
			rtion you own for Part 1. Write that						=>		\$72,697.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

	ebtor 1 ebtor 2	Duncan Lynn Dell Arleen Teresa Del			Case number (if known) 8:1 :	8-bk-02887
3.	Cars, va	ns, trucks, tractors, s		icles, motorcycles			
	□ No						
	■ Yes						
;	3.1 Mak	Grand Cherok	ee	Who has an interest in the property? Check of	the amount of ar	y secure	laims or exemptions. Put ed claims on <i>Schedule D:</i>
	Mod			Debtor 1 only	Creditors who h	ave Clai	ims Secured by Property.
		roximate mileage:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value o entire property		Current value of the portion you own?
	(app	eage - 257,430 proximately) (No A/o dows, poor condition		☐ Check if this is community property (see instructions)	\$1,20	0.00	\$1,200.00
				other recreational vehicles, other vehicle recraft, fishing vessels, snowmobiles, motor			
5				for all of your entries from Part 2, included at number here		_	\$1,200.00
		scribe Your Personal and In or have any legal o		ns rest in any of the following items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and furnish es: Major appliances, fu		china, kitchenware			
	Yes.	Describe					
				(\$20), living room set (\$50), small ki and 2 bedrooms' furniture (\$70)	tchen		\$200.00
7.	□ No			o, stereo, and digital equipment; computers dia players, games	, printers, scanners; music	collecti	ons; electronic devices
		I	Vs (\$350), 3 D one (\$40)	VD/VHS players (\$30), Wii (\$45), LG	Basil cell		\$465.00
8.	Example No	other collections, m		rints, or other artwork; books, pictures, or o ectibles	ther art objects; stamp, coi	n, or ba	seball card collections;
9.	Equipmo Example	ent for sports and hot es: Sports, photographi musical instruments Describe	ic, exercise, and	other hobby equipment; bicycles, pool tabl	les, golf clubs, skis; canoes	; and ka	ayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

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	ebtor 1 Duncan Lyr ebtor 2 Arleen Tere			Case number (if known)	8:18-bk-02887
10	 Firearms	es, shotguns, ammunition, and r	related equipment		
11.	. Clothes Examples: Everyday c □ No ■ Yes. Describe	lothes, furs, leather coats, desig	gner wear, shoes, accessories		
		Clothing, shoes, and ac	cessories		\$300.00
12.	. Jewelry Examples: Everyday je □ No ■ Yes. Describe	ewelry, costume jewelry, engago	ement rings, wedding rings, heirl	oom jewelry, watches, gems, ç	old, silver
		Citrine silver ring (\$20),	garnet silver ring (\$30)		\$50.00
13.	. Non-farm animals Examples: Dogs, cats, □ No ■ Yes. Describe	birds, horses			
		2 dogs			\$0.00
14.	□ No	·	not already list, including any h	nealth aids you did not list	
	Yes. Give specific in	formation			
		Washer/dryer			\$100.00
15		•	rt 3, including any entries for ہ		\$1,115.00
Pa	art 4: Describe Your Finan	ncial Assets			
D	o you own or have any	legal or equitable interest in a	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	have in your wallet, in your hor	me, in a safe deposit box, and on	ı hand when you file your petiti	on
17.	. Deposits of money Examples: Checking, s	savings, or other financial accou	unts; certificates of deposit; share with the same institution, list eac		nouses, and other similar
	Yes		Institution name:		
		17.1. Checking	Regions Bank		\$1,502.27

Official Form 106A/B Schedule A/B: Property page 3

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	ebtor 1 ebtor 2	Duncan Lynn DeMull Arleen Teresa DeMull	Case number (if known)	8:18-bk-02887
18.	Examp	mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with bro	okerage firms, money market accounts	
	■ No □ Yes	Institution or issuer	name:	
19.	joint v	ublicly traded stock and interests in incorpo enture	orated and unincorporated businesses, including an interes	t in an LLC, partnership, and
	■ No			
	⊔ Yes.	Give specific information about themName of entity:	% of ownership:	
20.	Negoti		stiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. insfer to someone by signing or delivering them.	
		Give specific information about them		
		Issuer name:		
21.		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or profit-sharing	plans
	☐ Yes.	List each account separately. Type of account:	Institution name:	
22.	Your s		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compan	ies, or others
	Yes.		Institution name or individual:	
		Electric	Electric Security Deposit	\$385.00
23.	Annuiti ■ No □ Yes		ey to you, either for life or for a number of years)	
24.	26 U.S.0	s in an education IRA, in an account in a q C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition pro	gram.
	■ No □ Yes	Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No		ther than anything listed in line 1), and rights or powers exe	ercisable for your benefit
	⊔ Yes.	Give specific information about them		
26.		s, copyrights, trademarks, trade secrets, ar oles: Internet domain names, websites, procee		
	☐ Yes.	Give specific information about them		
27.	Examp ■ No		es perative association holdings, liquor licenses, professional license	es
	☐ Yes.	Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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	uncan Lynn DeMull rleen Teresa DeMull		Case number (if known)	8:18-bk-02887
■ No	Is owed to you e specific information about	them, including whether you alrea	ady filed the returns and the tax years	
■ No		ony, spousal support, child suppo	ort, maintenance, divorce settlement, property	settlement
Examples ☐ No	unts someone owes you Unpaid wages, disability in benefits; unpaid loans you e specific information		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
		Attorneys' fees paid to con	evert to Chapter 7	\$500.00
Examples ■ No		of each policy and list its value.	HSA); credit, homeowner's, or renter's insurar Beneficiary:	nce Surrender or refund value:
If you are someone No	the beneficiary of a living tru	you from someone who has die lst, expect proceeds from a life ins	d surance policy, or are currently entitled to rec	eive property because
Examples No		er or not you have filed a lawsuit eputes, insurance claims, or rights	t or made a demand for payment to sue	
■ No	tingent and unliquidated of scribe each claim	elaims of every nature, including	g counterclaims of the debtor and rights to	set off claims
■ No	rial assets you did not alre	eady list		
			ny entries for pages you have attached	\$2,387.27
Part 5: Descri	oe Any Business-Related Pro	perty You Own or Have an Interest I	n. List any real estate in Part 1.	
37. Do you own ■ No. Go to F □ Yes. Go to	Part 6.	e interest in any business-related pr	operty?	
If you o	wn or have an interest in farmla	·	o or Have an Interest In.	

No. Go to Part 7.

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Debtor 1 Debtor 2	Duncan Lynn DeMull Arleen Teresa DeMull		Case number (if known)	8:18-bk-02887
☐ Yes	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You I	Did Not List Above		
	u have other property of any kind you did not already list? poles: Season tickets, country club membership			
■ No				
☐ Yes.	Give specific information			
54. Add 1	the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$72,697.00
56. Part 2	2: Total vehicles, line 5	\$1,200.00		
57. Part :	3: Total personal and household items, line 15	\$1,115.00		
58. Part 4	4: Total financial assets, line 36	\$2,387.27		
59. Part :	5: Total business-related property, line 45	\$0.00		
60. Part (6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 1	7: Total other property not listed, line 54 +	\$0.00		
62. Total	personal property. Add lines 56 through 61	\$4,702.27	Copy personal property to	stal \$4,702.27
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$77,399.27

Official Form 106A/B Schedule A/B: Property page 6

Fill in this info	rmation to identify your	case:		
Debtor 1	Duncan Lynn Del	/lull		
	First Name	Middle Name	Last Name	
Debtor 2	Arleen Teresa De	Mull		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	FLORIDA	
Case number	8:18-bk-02887			
(if known)	0.10 DK 02007			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
5005 12th Avenue South Saint Petersburg, FL 33707 Pinellas	\$72,697.00		\$0.00	Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 &
County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	222.02
1998 Jeep Grand Cherokee Laredo Mileage - 257,430 (approximately) (No	\$1,200.00		\$1,200.00	Fla. Stat. Ann. § 222.25(1)
A/C, broken windows, poor condition) Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Dining room set (\$20), living room set (\$50), small kitchen appliances	\$200.00		\$200.00	Fla. Const. art. X, § 4(a)(2)
(\$60), and 2 bedrooms' furniture (\$70) Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
3 TVs (\$350), 3 DVD/VHS players (\$30), Wii (\$45), LG Basil cell phone	\$465.00		\$465.00	Fla. Const. art. X, § 4(a)(2)
(\$40) Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	
Clothing, shoes, and accessories Line from Schedule A/B: 11.1	\$300.00		\$300.00	Fla. Const. art. X, § 4(a)(2)
Ellic Holli Golledule AVD. 11.1			100% of fair market value, up to any applicable statutory limit	

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Debto Debto				Case number (if known)	8:18-bk-02887		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	Citrine silver ring (\$20), garnet silver ing (\$30)	\$50.00		\$50.00	Fla. Const. art. X, § 4(a)(2)		
	ine from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit			
	! dogs ine from Schedule A/B: 13.1	\$0.00		\$0.00	Fla. Const. art. X, § 4(a)(2)		
_	ine non schedule PAD. 13.1			100% of fair market value, up to any applicable statutory limit			
	Vasher/dryer ine from Schedule A/B: 14.1	\$100.00		\$100.00	Fla. Const. art. X, § 4(a)(2)		
L	ine nom <i>Scredule AVB</i> . 14.1			100% of fair market value, up to any applicable statutory limit			
	Checking: Regions Bank ine from Schedule A/B: 17.1	\$1,502.27		\$1,502.27	Fla. Stat. Ann. § 222.201; 11 U.S.C. § 522(d)(10)(A)		
L	ine nom <i>Schedule PAD</i> . 17.1			100% of fair market value, up to any applicable statutory limit	0.5.5. § 522(d)(10)(A)		
	Electric: Electric Security Deposit	\$385.00		\$385.00	Fla. Const. art. X, § 4(a)(2)		
_	ine nom <i>Schedule PAD</i> . 22.1			100% of fair market value, up to any applicable statutory limit			
	Attorneys' fees paid to convert to Chapter 7	\$500.00		\$500.00	Fla. Const. art. X, § 4(a)(2)		
	ine from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit			
	Are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmen	t.)		
•	<u> </u>	ed by the exemption wi	thin 1	,215 days before you filed this case?	?		
	□ No	•					
	☐ Yes						

Case 8:18-bk-02887-CPM Doc 15 Filed 04/25/18 Page 11 of 21

-DK-02007-CFW DOC 13 THE	1 04/23/10 Fa	ge II 01 ZI	
r case:			
eMull Middle Name Last Name			
MIDDLE DISTRICT OF FLORIDA			
			if this is an led filing
Who Have Claims Secure	d by Property	У	12/15
your property?			
	ou have nothing else to	report on this form.	
•			
a particular claim, list the other creditors in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Describe the property that secures the claim:	\$138,451.00	\$72,697.00	\$65,754.00
5005 12th Avenue South Saint Petersburg, FL 33707 Pinellas County			
apply.			
Unliquidated			
-			
_	cured		
☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ Judgment lien from a lawsuit			
Other (including a right to offset) First Morto	gage		
Last 4 digits of account number 7112			
	Middle Name Last Name Middle Name Last Name MIDDLE DISTRICT OF FLORIDA Middle Name MIDDLE DISTRICT OF FLORIDA Middle Name Middle Name Last Name MIDDLE DISTRICT OF FLORIDA Middle Name Middle Name Last Name Last Name Middle Name Last Name Last Name Last Name Middle Name Last Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Middle Name Last Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Na	Middle Name Last Name MIDDLE DISTRICT OF FLORIDA Who Have Claims Secured by Property If two married people are filing together, both are equally responsible for su bout, number the entries, and attach it to this form. On the top of any addition your property? In form to the court with your other schedules. You have nothing else to below. More than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As call order according to the creditor's name. Describe the property that secures the claim: South Avenue South Saint Petersburg, FL 33707 Pinellas County As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Judgment lien from a lawsuit Other (including a right to offset) First Mortgage Last 4 digits of account number 7112	Middle Name Last Name MIDDLE DISTRICT OF FLORIDA Check amend Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Case	0.10-UK-UZ00	7-CPIVI DOC	to File	u 04/25/18	Page 1	2 01 21	
Fill in th	is information to ident	ify your case:						
Debtor 1	Duncan Ly First Name	ynn DeMull Middle	e Name	Last Name				
Debtor 2	71110011 101	resa DeMull						
(Spouse if,	filing) First Name	Middle	e Name	Last Name				
United S	tates Bankruptcy Court	for the: MIDDLE [DISTRICT OF FLOR	RIDA				
Case nu	mber 8:18-bk-0288	7						
(if known)	0.10 BR 0200	-					☐ Ch	neck if this is an
							am	nended filing
Officia	I Form 106E/F							
	lule E/F: Credit	ors Who Hav	e Unsecured	d Claims				12/15
Schedule Schedule left. Attac name and	tory contracts or unexpir G: Executory Contracts a D: Creditors Who Have C h the Continuation Page t case number (if known).	nd Unexpired Leases (laims Secured by Prop o this page. If you hav	(Official Form 106G). perty. If more space is e no information to r	Do not include s needed, copy	any creditors with the Part you need,	partially secu fill it out, num	red claims to ber the entr	hat are listed in ies in the boxes on the
Part 1:	List All of Your PRIC	RITY Unsecured CI	laims					
1. Do a	ny creditors have priority	unsecured claims aga	inst you?					
■ N	o. Go to Part 2.							
□ Y	es.							
Part 2:	List All of Your NON	PRIORITY Unsecure	ed Claims					
3. Do a	ny creditors have nonprio	rity unsecured claims	against you?					
□N	o. You have nothing to repo	ort in this part. Submit th	is form to the court wit	h your other sche	edules.			
Y	es.							
unse	all of your nonpriority uns cured claim, list the creditor one creditor holds a particu 2.	separately for each clai	im. For each claim liste	ed, identify what t	type of claim it is. Do	not list claims	already inclu	ded in Part 1. If more
								Total claim
4.1	Convergent Outsoui	rcina	Last 4 digits of ac	count number	4667			\$1,022.00
	Nonpriority Creditor's Name		-			•	-	* /-
	800 Sw 39th St		When was the de	bt incurred?	Opened 12/17	7		
_	Renton, WA 98057 Number Street City State ZI	p Code	As of the date voi	u file. the claim i	is: Check all that ap	olv		
	Who incurred the debt? C	•	,		,	,		
1	Debtor 1 only		☐ Contingent					
	Debtor 2 only		☐ Unliquidated					
1	Debtor 1 and Debtor 2 o	nly	☐ Disputed					
	At least one of the debto	=	Type of NONPRIC	RITY unsecured	d claim:			
	☐ Check if this claim is fo		☐ Student loans					
•	debt				ration agreement or	divorce that ye	ou did not	
	s the claim subject to offs ■	Set?	report as priority cl		g plans, and other s	imilar dahta		
	No No							
	☐ Yes		Other, Specify	Collection	Attorney T-Mol	DIIE USA		

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Duncan Lynn DeMull Arleen Teresa DeMull		Case number (if know) 8:18-	-bk-02887
Portfolio Recov Assoc	Last 4 digits of account number	6526	\$451.00
Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502	When was the debt incurred?	Opened 7/21/16	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes		Company Account Capital C	ne
Portfolio Recov Assoc Nonpriority Creditor's Name	Last 4 digits of account number	6618	\$450.00
120 Corporate Blvd Ste 1 Norfolk, VA 23502	When was the debt incurred?	Opened 9/21/16	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Bank Usa	Company Account Capital C I.A.	ne
 Portfolio Recov Assoc	Last 4 digits of account number	1862	\$432.00
Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502	When was the debt incurred?	Opened 8/19/16	
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you	did not
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
■ No	·		
Yes	■ Other. Specify Bank Usa	Company Account Capital C I.A.	ne

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Duncan Lynn DeMull**Debtor 2 **Arleen Teresa DeMull**

Case number (if know)

8:18-bk-02887

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 2,355.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 2,355.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Duncan Lynn Del			
	First Name	Middle Name	Last Name	
Debtor 2	Arleen Teresa De	Mull		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	FLORIDA	
Case number	8:18-bk-02887			
(if known)		_		Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	. 01301101	Name, Number	r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

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Fill in this	information to identify you	ur case:			
Debtor 1	Duncan Lynn D	eMull			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Arleen Teresa I	DeMull Middle Name	Last Name		
	9/				
United Stat	es Bankruptcy Court for the	: MIDDLE DISTRICT OF	FFLORIDA		
Case numb	per 8:18-bk-02887				
(if known)	<u> </u>				☐ Check if this is an
					amended filing
Official	Form 106U				
	Form 106H				
<u>Sched</u>	ule H: Your Co	debtors			12/15
	and case number (if know ou have any codebtors? (,		as a codebtor.	
■ No □ Yes					
Arizona No.	nin the last 8 years, have you, California, Idaho, Louisiar Go to line 3. Did your spouse, former sp	na, Nevada, New Mexico, P	uerto Rico, Texas, Wash		y states and territories include
in line Form 1 out Co	2 again as a codebtor only 106D), Schedule E/F (Offic Ilumn 2.	y if that person is a guara	ntor or cosigner. Make	sure you have listed the 16G). Use Schedule D,	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor lame, Number, Street, City, State and	d ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt
					-117
3.1				Schedule D, lin	
r	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street	Oteste	71D O - d -		
(City	State	ZIP Code		
3.2				Schedule D, lin	
r	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street	State	710 0040		
(City	State	ZIP Code		

Fill	in this information to identif	fy your ca	se:								
Del	btor 1 Dunc	can Lynr	n DeMull			_					
1 -	btor 2 Arlee	en Teres	a DeMull			_					
Uni	ited States Bankruptcy Cou	urt for the:	MIDDLE DISTRICT OF	FLORIDA		_					
	se number 8:18-bk-0	2887					Check if the Check	nended plemen	filing It showing p	ostpetitior	n chapter :
0	fficial Form 106	<u> </u>						DD/ YY		J	
S	chedule I: You	r Inco	me				,	,			12/1
sup spo atta	as complete and accurate plying correct information use. If you are separated ch a separate sheet to thi	n. If you a and your is form. C	are married and not filing spouse is not filing wit	g jointly, and your spo th you, do not include	ouse i inforr	s liv natio	ing with you on about you	, includ Ir spou	de informat ise. If more	tion about space is	t your needed,
1.	Fill in your employment information.	t		Debtor 1			Del	btor 2 d	or non-filin	g spouse	
	If you have more than on	ie job,		☐ Employed		Employ	red				
	attach a separate page w information about addition		Employment status	■ Not employed		Not em	ployed				
	employers.		Occupation								
	Include part-time, season self-employed work.	nal, or	Employer's name								
	Occupation may include sor homemaker, if it applies		Employer's address								
			How long employed th	ere?							
Pai	rt 2: Give Details Ab	out Mon	thly Income								
	imate monthly income as use unless you are separate		te you file this form. If y	ou have nothing to repo	ort for a	any I	ine, write \$0 i	in the s	pace. Includ	de your no	n-filing
	ou or your non-filing spouse e space, attach a separate			mbine the information fo	or all e	mplo	oyers for that	person	on the lines	s below. If	you need
							For Debtor	1	For Debto		
2.	List monthly gross wag deductions). If not paid n				2.	\$	0	0.00	\$	0.00	_
3.	Estimate and list month	nly overtii	me pay.		3.	+\$	0	0.00	+\$	0.00	-

0.00

0.00

4. Calculate gross Income. Add line 2 + line 3.

	tor 1 tor 2	Duncan Lynn DeMull Arleen Teresa DeMull	_	(Case n	umber (if k	nown)	8	:18-bk-028	38	7	
						Debtor 1		- 1	For Debtor		ouse	
	Cop	y line 4 here	4.		\$		0.00	. ;	\$		0.00	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	(0.00	;	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	١.	\$	(0.00	. ;	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	. ;	\$		0.00	•
	5d.	Required repayments of retirement fund loans	5d	l.	\$	(0.00		\$		0.00	
	5e.	Insurance	5e		\$		0.00		\$		0.00	
	5f.	Domestic support obligations	5f.		\$		0.00		\$		0.00	
	5g.	Union dues	5g		\$		0.00		\$		0.00	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$		0.00	+ ;			0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(0.00	. ;	\$	_	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	. ;	\$		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a		\$		0.00		\$		0.00	
	8b.	Interest and dividends	8b	١.	\$		0.00	. ;	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$,	0.00	;	\$		0.00	
	8d.	Unemployment compensation	8d		\$		0.00	. ;	\$		0.00	•
	8e.	Social Security	8e	١.	\$		0.00	•	\$ 1.	31	6.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP benefit	8f.		\$		0.00		\$		04.00	
	8g.	Pension or retirement income	8g		\$		0.00		\$		0.00	:
	8h.	Other monthly income. Specify: Social Security for Z.D.D.	8h	1.+	\$		0.00	+ \$	\$	65	8.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$		0.00		\$	2,4	78.00	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		0.00]_[s		2,478.00		\$	2,478.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť –		0.00	┨ [*] ┃*		2,470.00		 	2,470.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•						0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies								\$	S	2,478.00
										_	ombir	
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							m 	onthly	y income

Fill	in this informa	tion to identify yo	ur case:			Ī			
Deb		Duncan Lynr				Ch	neck if th	nis is:	
		Duncan Lynn	Deman				An ar	mended filing	
	tor 2 buse, if filing)	Arleen Teres	a DeMull					•	wing postpetition chapter the following date:
` '	, 0,	. 0 . (MIDDLE					•	
Unit	ed States Bankr	uptcy Court for the:	MIDDLE	E DISTRICT OF FLORIDA	<u> </u>		IVIIVI /	DD / YYYY	
	e number 8:	18-bk-02887							
Of	fficial Fo	rm 106J							
		J: Your E	 Exper	ises					12/1
Be info	as complete a	and accurate as	possible. eded, atta	If two married people a ch another sheet to this					
Par		ibe Your House	hold						
1.	Is this a joir ☐ No. Go to								
		s Debtor 2 live i	n a separa	ate household?					
	■ N		·						
	□ Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, Expense	s for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			ependent's ge	Does dependent live with you?
	Do not state				0.5.75		4	•	□ No
	dependents	names.			Son		_ 1	o	■ Yes □ No
									☐ Yes
									□ No
									□ Yes □ No
									☐ Yes
3.	expenses of	enses include f people other th d your depender	nan 🗖	No Yes					
Par	t 2: Estim	ate Your Ongoir	ng Monthi	y Expenses					
exp				uptcy filing date unless y y is filed. If this is a sup					apter 13 case to report of the form and fill in the
the		n assistance and		government assistance luded it on <i>Schedule I:</i>				Your exp	enses
(····,							
4.		or home owners! and any rent for the		ses for your residence. r lot.	Include first mortgag	e 4.	\$		500.38
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
	•	rty, homeowner's	-			4b.			0.00
		maintenance, re owner's associati	•			4c. 4d.			0.00 0.00
5.				our residence, such as ho	ome equity loans		\$		0.00

Debtor 1 Debtor 2	Duncan Lynn DeMull Arleen Teresa DeMull	Case number (if known)	8:18-bk-02887
6. Util i	ities:		
6a.	Electricity, heat, natural gas	6a. \$	0.00
6b.	Water, sewer, garbage collection	6b. \$	86.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	299.00
6d.	Other. Specify:	6d. \$	0.00
. Foo	d and housekeeping supplies	7. \$	675.00
. Chi	dcare and children's education costs	8. \$	0.00
	thing, laundry, and dry cleaning	9. \$	20.00
	sonal care products and services	10. \$	25.00
1. Me c	lical and dental expenses	11. \$	0.00
Dοι	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	50.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
4. Cha	ritable contributions and religious donations	14. \$	0.00
5. Ins ı			
	not include insurance deducted from your pay or included in lines 4 or 20.	45- A	
	Life insurance	15a. \$	0.00
	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	84.00
	Other insurance. Specify:	15d. \$	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16. \$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17a. \$	
	Other. Specify:	176. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report as		0.00
ded	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
	er payments you make to support others who do not live with you.	\$	0.00
	cify:	19.	
. Oth	er real property expenses not included in lines 4 or 5 of this form or on Sch		
	Mortgages on other property	20a. \$	0.00
20b	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e	. Homeowner's association or condominium dues	20e. \$	0.00
. Oth	er: Specify: Minor Son - Summer Camp (\$360 - 3 months)	21. +\$	30.00
Pet	supplies	+\$	48.00
. Cal	culate your monthly expenses		
	Add lines 4 through 21.	\$	1,817.38
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	1,017.00
	Add line 22a and 22b. The result is your monthly expenses.	\$ 	4 047 20
220	Add line 22a and 22b. The result is your monthly expenses.	Ψ	1,817.38
. Cal	culate your monthly net income.	•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,478.00
23b	Copy your monthly expenses from line 22c above.	23b\$	1,817.38
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	660.62
For	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?		rease or decrease because of a

Fill in this infor	mation to identify your	case:		
Debtor 1	Duncan Lynn Del			
Debtor 2	First Name Arleen Teresa De	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
_	8:18-bk-02887			
(if known)				☐ Check if this is an amended filing
			Debtor's Schedu nsible for supplying correct inform	
ou must file thi	s form whenever you fi	ile bankruptcy schedules	s or amended schedules. Making a	false statement, concealing property, or to \$250,000, or imprisonment for up to 20
Sign	n Below			
Did you pa	y or agree to pay some	one who is NOT an atto	ney to help you fill out bankruptcy	forms?
■ No				

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X	/s/ Duncan Lynn DeMull	X	/s/ Arleen Teresa DeMull	
	Duncan Lynn DeMull		Arleen Teresa DeMull	
	Signature of Debtor 1		Signature of Debtor 2	
	D		D	
	Date April 25, 2018		Date April 25, 2018	

Official Form 106Dec

Yes. Name of person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)